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APPLICANTS

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**** CONTINUING DATA** *None* *****

**** FOREIGN APPLICATIONS** *None* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 08/29/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 20 11	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Carl Bailey</i> Examiner's Signature	Initials			

ADDRESS

47545

TITLE

Vent brush having flexible bristle support

FILING FEE RECEIVED 417	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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